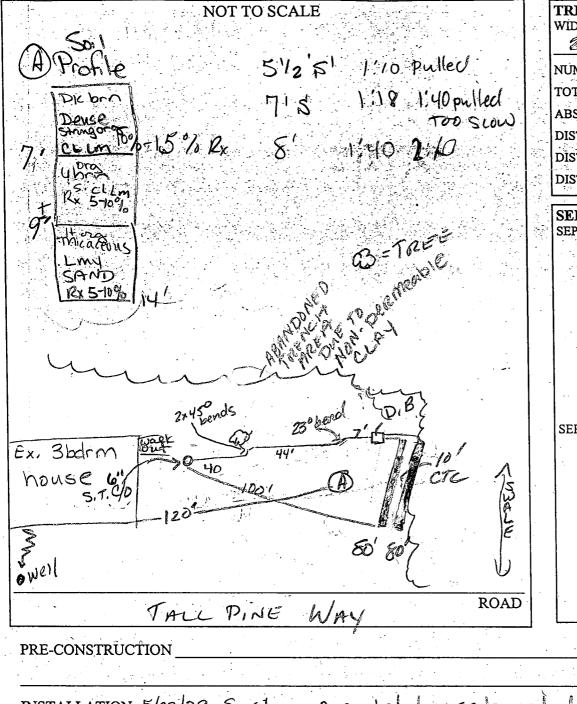
NO PUBLIC SEWER	HUAICABLE / PET VEEL NEED	rapair follows	Highland Ra perc
- Repair 5/23/0	1NSP 4		which is a 1
INSP 2 5/29/02	<i>NOON</i> INSP 5	· 	05-404886
INSP 3	INSP 6		
ISSUE DATE:	5/21/2002 <b>PERN</b>	<b>AIT</b>	P 516985
APPROVAL DATE:	5/21/2002 PERN 5/29/02	11 1	37253 A repair
	TVNFY	E STATE OF THE STA	
	ON-SITE SEWÄGE DIS HOWARD COUNTY HEAL	POSAL SYSTEM TH DEPARTMENT	·
	BUREAU OF ENVIRONM	ENTAL HEALTH	
		•	_
Jack Fyock Septic Serv	ice IS P	ERMITTED TO INSTA	ALL ALTER 🔀
ADDRESS: PO Box	x 89, Glenelg, MD 21737	PHONE NUMBER:	410-988-9270
SUBDIVISION: Th	istledown	LOT NUMBER:	12
ADDRESS: 7217 T	all Pine Way PRO	OPERTY OWNER: My	ers
SEPTIC TANK CAPA	CITY (GALLONS): $EX$	OUTLET BAFFLE F	ILTER REQUIRED
PUMP CHAMBER CA	APACITY (GALLONS):	COMPARTMENTED	TANK REQUIRED [
NUMBER OF BEDRO	oms: 3		<b>↑</b>
SQUARE FEET PER E	BEDROOM: 2/C	— ▶	
LINEAR FEET OF TR	1/0		
		Lalamaniainal anada Da	tone manimum doubt (a)
TRENCHES:	Trench to be 2 feet wide. Inlet 2 feet feet below original grade. Effective stone below distribution pipe.	area begins at feet below	original grade. # feet of
LOCATION:			
NOTES:	<b>D</b> (-		
NOTES.	Pailing septic s	ystem	
PLANS APPROVED:	MR	I	DATE: 5/23/07
	ONSIBLE FOR SCHEDULING A PRE-CONSTRUC	CTION INSPECTION FOR ALL INS	STALLATIONS
	C TANKS REQUIRED IC SYSTEM SHALL BE 100 FEET FROM ANY W. EOUIRED ON ALL SEPTIC TANKS AND PUMP (		LY AUTHORIZED

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



-	WIDTH INLET BOTTOM
.	10
٠.,	71
	NUMBER OF TRENCHES
•	TOTAL LENGTH
,	ABSORPTION AREA 6405
	DISTRIBUTION BOX LEVEL 428
	DISTRIBUTION BOX BAFFLE
V 1	DISTRIBUTION BOX PORT
	SEPTIC TANK DATA SEPTIC TANK I LEVEL FX F and
4	CAPACITY 1500 GAL
	SEAM LOC TOO
	TANK LID DEPTH
	BAFFLES OK - DIC
	BAFFLE FILTER
	MANHOLE LOC
	6" PORT LOC <u>CENTER</u> ?
	WATERTIGHT TEST
	SEPTIC TANK 2 LEVEL NA
	CAPACITY NA GAL
	SEAM LOC A A
	TANK LID DEPTH MA
	BAFFLES NA
	BAFFLE FILTER NA
	A M

6" PORT LOC

DATE OF APPROVAL 5/29

WATERTIGHT TEST

PRE-CONSTR	RUCTION							
								3 . Ge
INSTALLATI	ON 5/23/02	System	Comple	telu.	satur	ated.	disconn	rect
	. Replace							
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4/15/88-AM

## PERMIT

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37253

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT\_\_\_\_

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 INDEXED

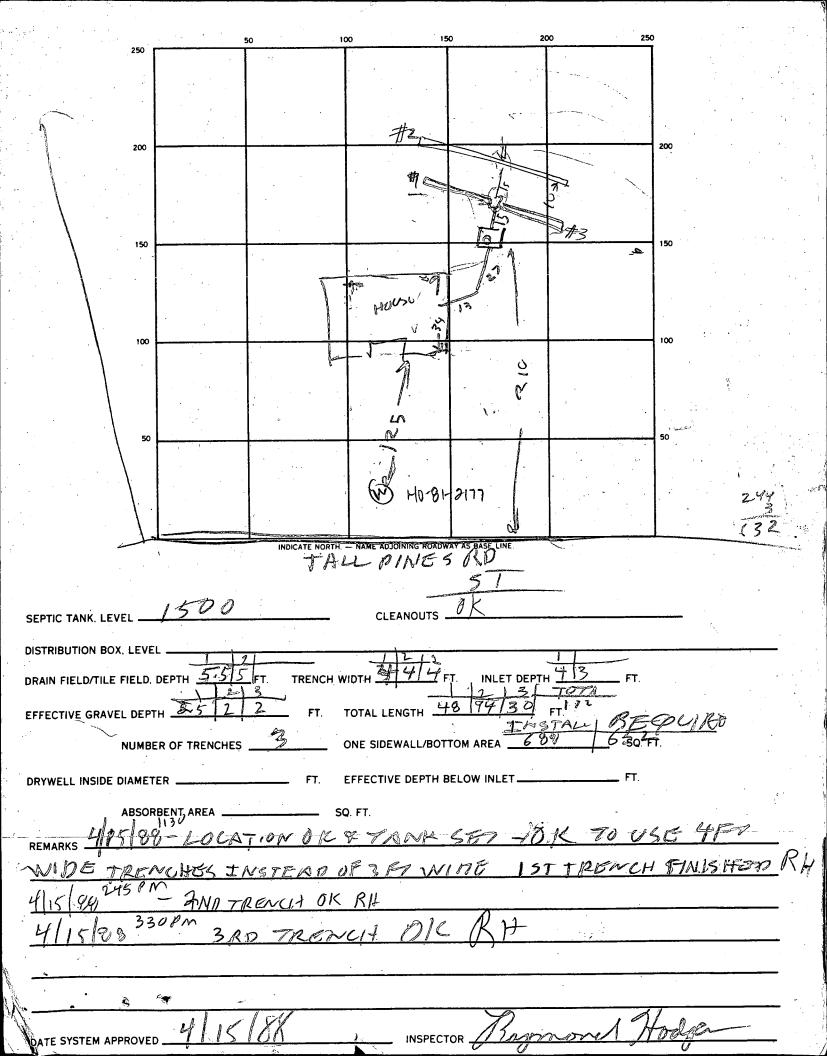
DATE SYSTEM APPROVED 4/5/8

INSPECTOR RH

Jack Fyock	IS PERMITTED TO INSTALL X ALTER
ADDRESS	PHONE 988-9270
1	
SUBDIVISION Thistledown R	OAD 7217 Tall Pine Way LOT 12
PROPERTY OWNER	Kakascik
7217 Ta	ll Pine Way
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACI	TY BY 50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES X NO NO	· · · · · · · · · · · · · · · · · · ·
GANDAGE GINIDENI	
SEPTIC TANK CAPACITY 1500 GALLONS NUMBER	ER OF BEDROOMS3
TRENCHES - 244 sg. ft. per bedroom with	garbage disposal. Trench to be 3 feet wide.
Inlet 3.5 feet below original	grade. Bottom maximum depth 5.0 feet below
original grade. Effective as	rea begins at 3.5 feet below original grade. 1.
feet of stone below distribut	tion pipe.
LOCATION - Place the distribution box 1:	50 feet off the front (207.42') lot line and
140 feet off the right (221.	53') lot line as seen when facing the lot from
Tall Pine Way. Run trenches	on contour toward the rear lot line.
	in length. Provide 6" - 8" diameter cleanout as
cap to grade or above on sep	ic tank. OK/CW
PLANS APPROVED BY	DATE1/09/87
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS	RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90	SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCH	ES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND	AFTER PLACING GRAVEL IN TRENCH(ES).
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION	TRENCH TO EXCEED 100 FEET IN LENGTH.
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCH	EDULE 40 PVC OR ABS.
PERMIT VOID AFTER TWO YEARS.	
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES M	LIST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS

ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

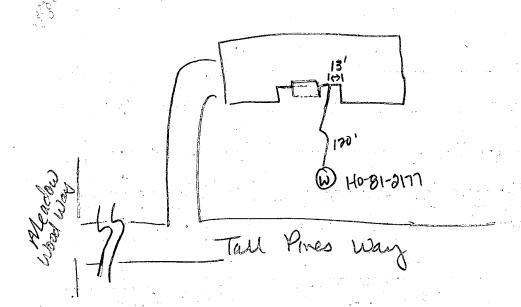


Howard County Health Department Bureau of Environmental Health 3525-H Ellicott Mills Drive Court House Square Ellicott City, Md. 21043 461-9933

depth: 140°

New Installation $\underline{\hspace{0.1cm}}$ Replacement		Receipt # <u>4//3/69</u> Date <u>3//3//</u> 5
	rouse Plumbing+He	atingelephone <u>531-331</u>
icense number $\frac{445}{400}$	nstaller Well Driller	Registered Plumber_\
lame of Property Owne Subdivision <u>ThiSH</u> ec lite Address <u>り入い</u>	Ir Mr. + Mrs. Ka Kasci K Iown Lot # 12 1 1 Tall Pine Way	Telephone 953-2498 Well tag # <u>HD - 81-2177</u>
ump	Motor	Pitless Adapter
. Type	1. Horsepower	1. Make
a. Deep well jet		2. Model #
b. Shallow well je		3. Depth
c. Submersible 🗸		or septin
. Make Goulds	b. 220	
. Mode1 #		
	This is a second of the second	
. Capacity	GPM	
. Capacity . Pump exceeds well	GPM No.	
. Pump exceeds well	capacity Yes No	Yes No
<ul><li>i. Pump exceeds well</li><li>i. If Yes, is low pre</li></ul>	capacity Yes No No source cutoff switch installed?	YesNo
<ol> <li>Pump exceeds well</li> <li>If Yes, is low pre</li> <li>What methods are u</li> </ol>	capacity Yes No	ectrical wiring from
<ul> <li>Pump exceeds well</li> <li>If Yes, is low pre</li> <li>What methods are u</li> <li>ibrations? Torque a</li> </ul>	capacity Yes No ssure cutoff switch installed? sed to protect the pump and el crestors Cable guards	ectrical wiring from Other
<ul> <li>Pump exceeds well</li> <li>If Yes, is low pre</li> <li>What methods are u ibrations? Torque a</li> </ul>	capacity YesNoNoNo	ectrical wiring from Other Well data
<ul> <li>Pump exceeds well</li> <li>If Yes, is low pre</li> <li>What methods are uibrations? Torque a</li> <li>ank</li> <li>Capacity wood</li> </ul>	capacity YesNoNoNo	ectrical wiring from Other  Well data 1. Depth ft.
. Pump exceeds well . If Yes, is low pre . What methods are u ibrations? Torque a ank . Capacity <u>local</u> . Pressure relief	capacity YesNossure cutoff switch installed? ised to protect the pump and elements Cable guards  Piping 1. Type P105+1 C 2. Size1"	ectrical wiring from Other  Well data  1. Depth  GPM
<ul> <li>Pump exceeds well</li> <li>If Yes, is low pre</li> <li>What methods are united in the image in the im</li></ul>	capacity YesNoNo	ectrical wiring from Other  Well data  1. Depth  2. Yield  3. Static water
Pump exceeds well If Yes, is low pre What methods are u ibrations? Torque a ank Capacity wood Pressure relief valve?	capacity YesNoNo	ectrical wiring from Other  Well data  1. Depth  2. Yield  3. Static water level  ft.
Pump exceeds well If Yes, is low pre What methods are u ibrations? Torque a ank Capacity wood Pressure relief valve?	capacity YesNo	ectrical wiring from Other  Well data  1. Depth  2. Yield  3. Static water level  4. Will water supply
Pump exceeds well If Yes, is low pre What methods are u ibrations? Torque a ank Capacity wood Pressure relief valve?	capacity YesNoNo	ectrical wiring from Other  Well data  1. Depth  2. Yield  3. Static water level  4. Will water supply

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



4-18-08
Pitless adaptor at 50 inches, well line in trench at 44 in. Ground line not connected yet. House connection ok, No pump tank installed yet, JE Nadlaur

7/20187 12:30 - 3 Hrs

Page of	40.4	•	Review	
Date				•
		FIELD DATA S	urro	
		HOWARD COUNTY WELL		•
	0/	<del></del>		•
Well Permit No.	. но - <u>81-21</u>	7+	~~/	**
LOCATION OF Pro Subdivision	operty (road)	TALL PINE W	NY Plack Plat	Sec.
Well Driller	( 2018 25 24	STERDAY Owne	NY _ 2_BlockPlat r_KAKASCIK	
				0.00
Depth of	f well	y'	ound 7	
Static v	water level (S.W.	pint (M.P.) above gr L.) below M.P.	44	<del>, many ng malina aka di da ika b</del>
	pumping reser			
Time pum	started/	2;45	Pumping rate 106PF	1
Total tir	neto	reach pumping water	Pumping rate 106PF levelft. 1	pelow M.P.
			recorded every 15 minut	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
	below M.P.	time to fill \$(	(if used)	(gallons per
tervals		gallon bucket		minute)
2:15	5.3	(ODEC	fume at 150	10GPM
2:30	53	6 re	/1	106819
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			2/20/87	1
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The many continues of the continues of t			T 7	appropriate STEEL CONCRETE	
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TYPE ((real reast inch) (real reast foot) (real		THE PROPERTY OF	7367		C centrifugal R rotary O (describe
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depth (feet)  Gray Mick  Gray Mic		Kray Mica	8 1 104	57 6 53	J jet S submersible
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A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL  I HERBY CERTIFY THAT/THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTED IN AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HERBIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DRILLERS IDENT. NO.  DRILLERS IDENT. NO.  DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller of journeyman responsible for sitework if different from permittee)  T (E.R.O.S.)  WQ  TO THER DATA  TELESCOPE LOG OTHER DATA  OTHER DATA  OTHER DATA  CASING INDICATOR  LOCATION OF WELL ON LOT SHOW PERMANENT. STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  WA  TO TO THE DATA  TELESCOPE LOG OTHER DATA  OTHER DATA  OTHER DATA		CIRCLE APPROI		1 R	Delow <b>J</b> foot)
E ELECTRIC LOG OBTAINED  P TEST WELL CONVERTED TO PRODUCTION  WELL  I HEREBY CERTIFY THAT. THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL COMBIT 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DRILLERS IDENT. NO.  DRILLERS SIGNATURE  (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller of journeyman responsible for sitework if different from permittee)  SLOT SIZE 1 2 3 SIDNAMENT. SIRUCTURE SOCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES  (MEASURE PACK INCHING WELL INSERT FOR IN BY DRILLER)  FIN BOX 68  OEP USE ONLY  (NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q  70 72 74 75 76  TELESCOPE LOG OTHER DATA  TELESCOPE LOG OTHER DATA  CASING INDICATOR				▎ᢄ <del>▕▗╗ᢥ╗</del> ┙ <del>╎╓╽</del> ╩┺╼┺╼ <del>╏</del> ┩╏╌┸╼┺╼╂═┦┆	l A
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AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DRILLERS IDENT. NO.  DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  TELESCOPE LOG OTHER DATA  CASING INDICATOR		I HEREBY CERTIFY THAT, THIS WEL ACCORDANCE WITH COMAR 10.1	17.13 "WELL CONSTRUCTION"	from to	
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DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller of journeyman responsible for sitework if different from permittee)  TELESCOPE LOG OTHER DATA CASING INDICATOR		OF MY KNOWLEDGE.	110	1 1 1	<b>3</b>
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller of journeyman responsible for sitework if different from permittee)  T (E.R.O.S.)  W Q  74 75 76  TO  TELESCOPE LOG CASING INDICATOR		$OI_{-}$	C/O		1-200-00- Will
SITE SUPERVISOR (sign. of driller of journeyman responsible for sitework if different from permittee)  TELESCOPE LOG OTHER DATA  V  OU  TELESCOPE LOG INDICATOR		DRILLERS SIGNATURE	CASILLY	T (E.R.O.S.) W Q	[
responsible for sitework if different from permittee) CASING INDICATOR		(MUST MATCH SIGNATUR	PUN APPLICATION!		100
responsible for sitework if different from permittee)		SITE SUPERVISOR (sign. o	of driller or journeyman		4
		responsible for sitework if (	umerene nom permittee)	HEALTH	R. lot line

	<del></del>		e recorded every 15 minu	ites
TIME (in 15 minute in-	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
tervals	below M.P.	time to fill \$	(if used)	(gallons per
		gallon bucket		minute)
1,00	5a F=+	6 560	Pump Set	10 6.P.M.
1:15	52	6	AT 150 FT	10
1130	53	6	Denny E.	10
1:45	53	6		10
3,00	53	6		70
2115	53	6		10
2:30	53	b		10
2.45	53	(		10
3:00	53	k	,	10
3:15	53	Ç		10
3/30	53	ĺo		10
3:45	53	(		/ Ú
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	-	EMERGENO	CY/TEMP NO. IF ANY			
•	В	7 2214 SEQUENCE NO. (OEP USE ONLY)	STATE OF		O	EP PERMIT NUMBER ,
3 13	1.	(THIS NUMBER IS TO BE PUNCHED WISO NO COLS. 3-6 ON ALL CARDS)		DRILL WELL	M G	in this form completely
•		Date Received		B 3	LOCATION	OF WELL R-39421
ri		OWNER INFORMATION		MOWALA		1/3/57
. 📚	ر. د. در در د	Kakascik, Joseon 15 Last Name First Name	34	B COUNTY TMMSTOS	14661	21 40.10
1. 1. 4.	6.5	36 JUZ Hallmark RJ	55	23 SUBDIVISION	ь Из	42
A PROPERTY.		Charksuille Inda	गवर्गं ।	SECTION 44 46	LOT 48 5	<b>5</b>
THE STATE OF THE S		57 Town 70 State 72	Zip 76	52 NEAREST TOWN	4446	71
THE STATE OF THE S		DRILLER INFORMATIONGeorge F. Easterday	40	MILES FROM TOWN (ent	er 0 if in town)	<b>4</b> / M 1 76 77 78
10 to		L.F. EAsterday, INC	77 License No. 80	B 4	Tall p	ine Way
		9265 Brown Ch. Rd., Mt. Airy, MD. 2	1771	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		EAR WHAT ROAD 30
		blear in 1. Easter 5	1/20/89	N. N.	ON WHICH	H SIDE OF ROAD
	В		Date	- 8-9   (NE) 8+9   8₩99		PPROPRIATE BOX) WEST S EAST
	1	APPROX. PUMPING RATE (GAL. PER MIN.)		W TOWN E		SOUTH
E COM		AVERAGE DAILY QUANTITY NEEDED	12	S S S S S S S S S S S S S S S S S S S	Di	34 37 0 37 STANCE FROM ROAD
Section.		14	20	8-9 S 8-9		ENTER FT or MI F 38 39
		USE FOR WATER (CIRCLE APPROPRIATE				LED IN BY DRILLER
7.10		D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT		HOWARD		A 37253
Orthornal Paris	المقت	IRRIGATION)  TINDUSTRIAL, COMMERCIAL, STATE AND FEDER		COUNTY NAME OEP		COUNTY NO.  STATE HEALTH
		22 - OTHER (REQUIRES APPROPRIATION PERMIT)	RES	SIGNATURE		INSERTS 41
A.	•	P APPROPRIATION PERMIT AND STATE HEALTH D APPROVAL)	EPARTMENT		SIGNATURE	EXP. DATE
j +	•	T. TEST, OBSERVATION, MONITORING (MAY REQUAL) APPROPRIATION PERMIT)	JIRE	NORTH GRID 50	0 EAST GRID 6	7 2 2, 20 0 0
	•	APPROXIMATE DEPTH OF WELL		SHOW MAJOR FEATUR BOX & LOCATE WELL _	ES OF	7/2487
	•,	24 28	<del> </del>	WITH AN X SOURCES OF DRILLING	IVVAICH   .	S FE PIPE
		APPROXIMATE DIAMETER OF WELL	NEARESTINCH	1 well		7 ORON
		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Je	etted & DRIVEN	3.		LOCATION OF
		30	draulic Rotary)	WRITE THE BOX NUMBI FROM THE MAP HERE	ER	SHI WILL
		CABLE REVerse ROTary	DRive-POINT	E 823		
		other		N 1941	000	
1.00		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	\$	DRAW A SKETCH BELO	W SHOWING LO	OCATION OF WELL IN
5g	ė .	(N) THIS WELL WILL NOT REPLACE AN EXISTING V	and the second s	RELATION TO NEARBY	TO NEAREST R	JADS AND GIVE IOAD JUNCTION
ed to	5000 j	ABANDONED AND SEALED		N The second		E ( )
		39 S THIS WELL WILL REPLACE A WELL THAT WILL AS A STANDBY	BE USED	₩ 27 4 00 PM	· R 7	
		D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR D	FEPENDED	HEALTH DE		00
STATE STATE		(IF AVAILABLE) 41	52	HOWARD COURT		13
ir Tarangan Tarangan		Not to be filled in by driller (OEP USE ONLY	)	Highland		
f.	: '	APPROP PERMIT NUMBER G A P	63	7		12
	<del>.</del>	FORCE   WRITE   WRITE	76 77 - 78' 79		5impso	
* * * *		SPECIAL CONDITIONS				

HEALTH

HETTING THE

## APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37253

DATE 4/25/64

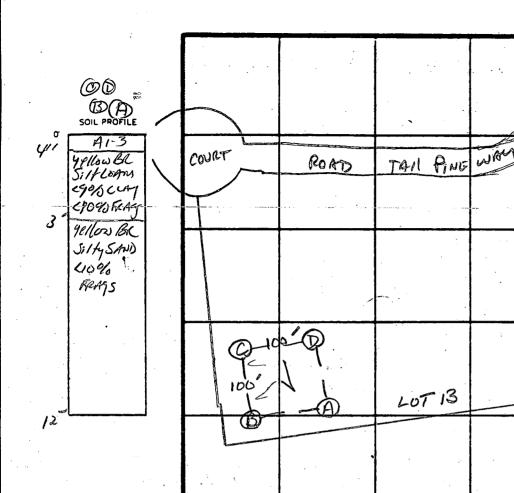
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

1

HOWARD COUNTY HEALTH DEPARTMENT

THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM Estate of PROPERTY OWNER c/o Tom Lloyd Lloyd, Kane and Wieder 2716 Court Place Ellicott City, Maryland 21043 PROPERTY LOCATION Thistledown SUBDIVISION South Guilford Road between Hall Shop and Pindell School Road THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE REJECTED BY HOLD PENDING FURTHER TESTS BLDG. PERMIT SIGNED AND RETURNED

THIS IS NOT A PERMIT



X Perc 3min 200 A IBR INLET 35 BOTTOM 5.0°

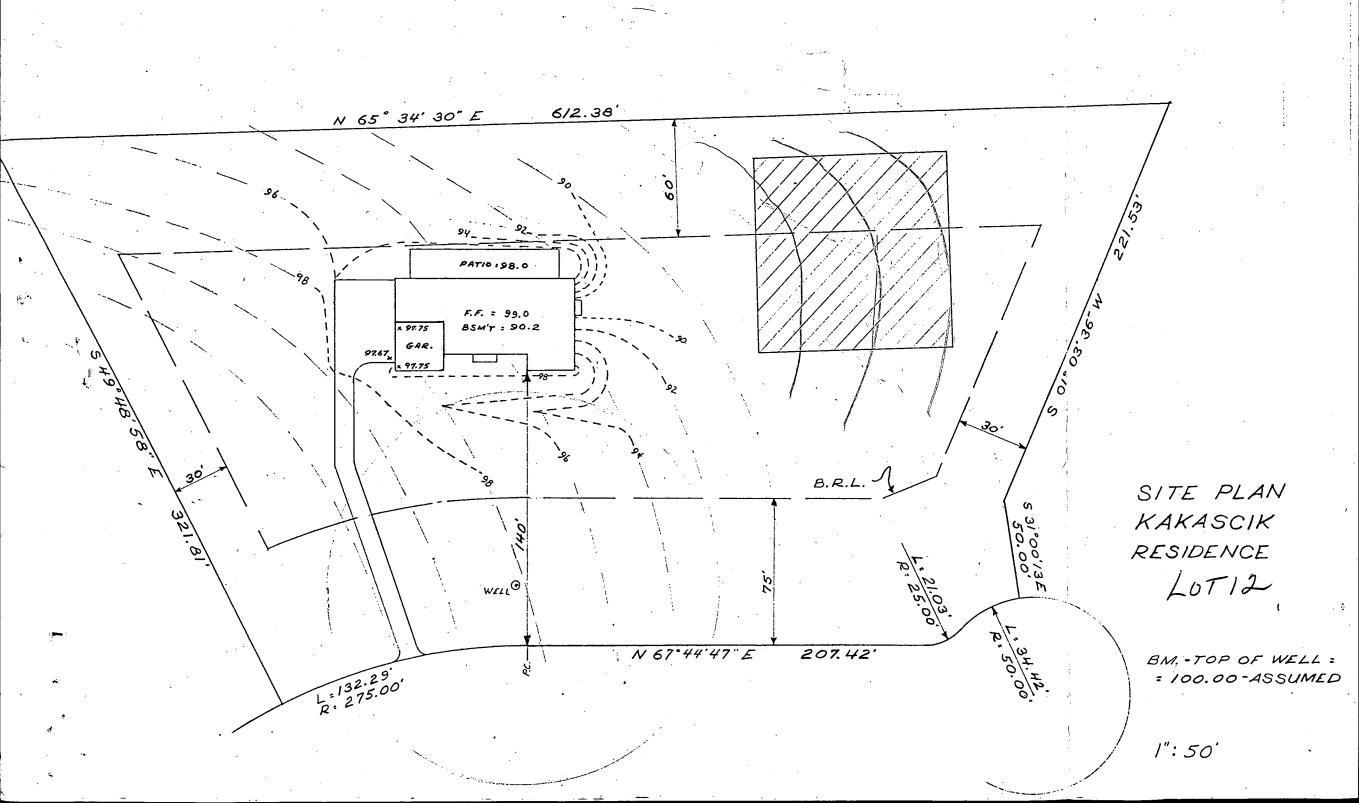
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

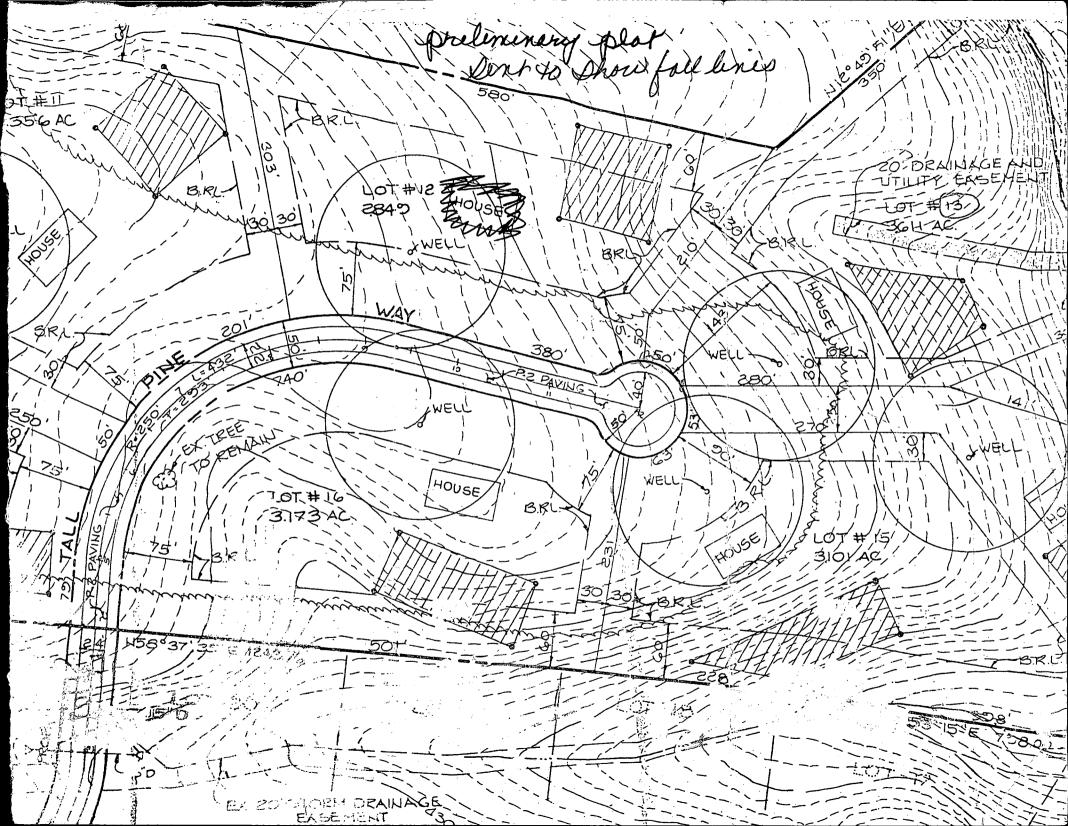
UP+ 32

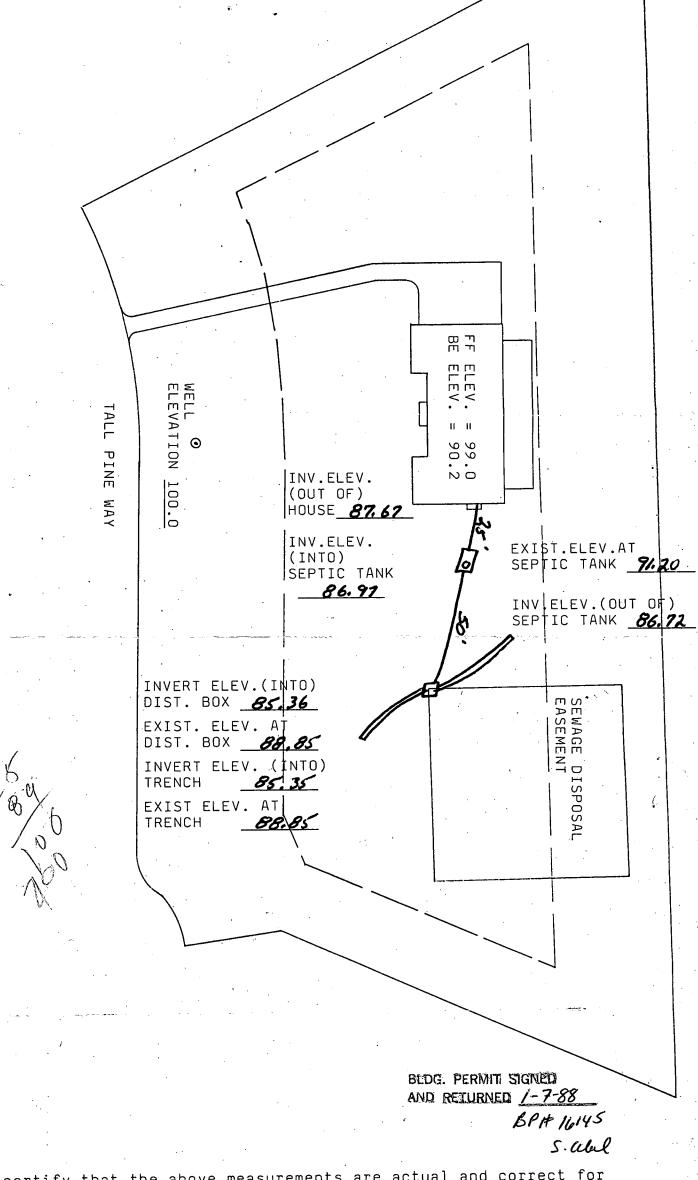
		<u> </u>	FE DA				
DATE	TEST NO.	DEPTH	START	STOP	START	1" DROP STOP	TIME
7/18/86	AS	32-1	11:36 in, form 50	11:38 11 beloa	11138	11:46	8 MIN
	BS	12-	11:34 UnitoAm		11100	11:36	IMIN
	C 5	35,	11:44 11:47	11:47	11:47 11:48	11:19	ZMIN
	CV	12	unidorens	soil be	203-		
	DS	3.5	11:40 on, form	11:41 Soil be	11:41 las 3-	11143	2 min
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					4		
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REMARKS _	HOLES PER	PLAT			
्तंपPE OF SOIL	Glenely	ChesTee	fm.sty <u>s</u>	A Server of the	
TESTED BY	5 Mel		Ž,	ALSO PRESENT	MARKY, K. Allen
1/					BACK HO &

IF 12 1079







KAKASCIK RESIDENCE

I certify that the above measurements are actual and correct for this property.

